

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-3198.M5**

MDR Tracking Number: M5-04-3283-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 28, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study (95903) and nerve conduction, amplitude and latency/velocity study, each nerve; sensory (95904). The IRO agrees with the previous determination that 95903 and 95904 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was the only issue involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 11/17/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30<sup>th</sup> day of September 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf  
Enclosure: IRO decision

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 2, 2004

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-3283-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in pain management which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1989. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This is a 31 year-old female who reported a repetitive-type injury on \_\_\_\_, resulting in pain and numbness in her right hand and wrist. She underwent an Electromyogram and nerve conduction, amplitude, and velocity with F-wave study on 11/17/03.

#### Requested Service(s)

Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study and nerve conduction, amplitude and latency/velocity study, each nerve; sensory on 11/17/03.

#### Decision

It is determined that the nerve conduction, amplitude, and latency/velocity study for motor/sensory nerves with an F-wave study was not medically necessary to diagnose and treat the patient's medical condition.

#### Rationale/Basis for Decision

This patient complained of right hand pain, numbness, and weakness, and the physical examination was only positive for Tinel's sign. There was no evidence of weakness, paresthesias, radiculopathies, or sensory disturbances for the right upper extremity. Given the patient's history and examination results, it was unlikely that the radial nerve was involved. It was not medically necessary to perform needle examination on nerves that were not reasonably anticipated to be involved. Therefore, it is determined that the nerve conduction, amplitude, and latency/velocity with F-wave study done on 11/17/03 was not medically necessary to diagnose and treat the patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:vn

Attachment